

REFERRAL FORM

Sunshine Coast District Health Service

NOTE: Lighten Up is a prevention program designed for men and women over 18 years of age, who are 'at risk' of chronic disease. Persons with existing chronic disease are **not** eligible to attend this program.

Name (Referrer): _____ Position: _____

Workplace: _____ Date of Referral: _____

Phone: _____ Fax: _____ Email: _____

Name (Person referred): _____ Date of birth: _____

Address: _____ P/code: _____

Phone: _____ Email: _____

Reason for referral: _____

Chronic Disease Risk Factors (please tick one or more):

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Overweight/obesity | <input type="checkbox"/> Smoking | <input type="checkbox"/> Poor Housing |
| <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Depression | <input type="checkbox"/> Alcohol Misuse | <input type="checkbox"/> Discrimination |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Poor Nutrition | <input type="checkbox"/> Low Education | <input type="checkbox"/> Social Disadvantage |
| <input type="checkbox"/> Pre-diabetes | <input type="checkbox"/> Physical Inactivity | <input type="checkbox"/> Unemployment | |

Other: _____

Weight _____ (kg) Height _____ (m) BMI _____ (kg/m²)

Does this person have a diagnosed chronic disease? Yes No

If so, what is the chronic disease/s _____

(NOTE: Persons with a diagnosed chronic disease are not eligible to attend Lighten Up, unless the disease can be prevented with lifestyle changes, such as Type 2 diabetes. Please do not refer to this program, if the disease is not preventable)

Is the referred person a smoker? Yes No

In your professional opinion, would your client/patient benefit from healthy lifestyle advice and involvement in low impact physical activity, as part of the Lighten Up program?

Yes No Why? _____

Preferred Course Venue & Time: (you can nominate more than one)

- | | | |
|----------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Kawana | <input type="checkbox"/> Maroochydore | <input type="checkbox"/> Noosa |
| <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |

Please send or fax this completed referral to:

Program Coordinator (Healthy Lifestyle)
Block 4, Nambour General Hospital
PO Box 2525, Nambour West Q 4560
Ph: 5470 6985 Fax: 5470 5216

